

## Screening Form for Visitation at Congregate Settings for Vulnerable Adults and Children

Name of visitor: \_\_\_\_\_

Date and time of visit: \_\_\_\_\_

Who are you visiting? Provide resident name.

\_\_\_\_\_

### Type of visitor (select one):

- ☐ Compassionate Care Visitor
- ☐ Medical, Dental, and Behavioral Healthcare
- ☐ Clergy
- ☐ Ombudsman
- ☐ Health Care Worker not employed by the facility
- ☐ Regulatory and Investigative Personnel
- ☐ Designated Essential Visitor
- ☐ Any Other Visitor (i.e. hairstylists, educators, entertainers, volunteers, therapy dog handlers, and family members/friends/relatives)

### Type of visit (select one):

- ☐ Indoor (testing may be required; refer to [appendix](#))
- ☐ Outdoor (allowed only during minimal or moderate community spread; no testing required)

**COVID-19 Testing Results (for Designated Essential Visitors or Any Other Visitor). If positive, restrict entry and [refer to isolation guidance](#).**

- ☐ Appropriate documentation of negative result provided
- ☐ Sample collected at appropriate interval for Designated Essential Visitor:
  - Minimal (Percent Positivity <5%): Once a month
  - Moderate (5%–10%): Once a week
  - Substantial (>10%): Twice a week
- ☐ Sample collected within 48 hours of visit for Any Other Visitor

Date of sample collection: \_\_\_\_\_

Test type (antigen or PCR): \_\_\_\_\_

Test result: \_\_\_\_\_

**Access to this facility is limited to staff and visitors who do not have signs and symptoms of possible COVID-19. (Check all that apply)**

- ☐ I do not have cough (note: a cough is defined as new onset of cough within the previous 14 days)
- ☐ I do not have a fever over 100.4 °F; Temperature on entry: \_\_\_\_\_
- ☐ I am not experiencing any of these symptoms: shortness of breath, headache, fatigue, muscle or body aches, nausea, diarrhoea, new loss of taste/smell
- ☐ I have not had close contact with someone diagnosed with COVID-19 or with the symptoms listed above without an alternative diagnosis from a healthcare provider (e.g., influenza) in the past 14 days. Close contact includes any of the following:
  - You were within 6 feet of someone who has COVID-19 for a total of 15 minutes or more
  - You provided care at home to someone who is sick with COVID-19
  - You had direct physical contact with the person (hugged or kissed them)
  - You shared eating or drinking utensils
  - They sneezed, coughed, or somehow got respiratory droplets on you
- ☐ I have isolated in the time between when the sample was taken and the visit (**Applies to Indoor Visit only**)
- ☐ I have avoided attending large gatherings in between testing and visitation (**Applies to designated essential visitors only**)

**Help us practice good infection prevention to keep residents, visitors and staff safe.  
During your visit you agree to:**

- ☐ Stay in designated area for the duration of your visit
- ☐ Not use patient facilities/restroom
- ☐ Practice good hand hygiene before entering the facility
- ☐ Wear a face mask at all times
- ☐ Limit touching of surfaces to only what is necessary
- ☐ Remain at least 6 feet from all residents and staff
- ☐ Limit physical contact and practice good hygiene before/after any contact
- ☐ Reach out to a staff member if you have any questions or concerns
- ☐ **Contact us at \_\_\_\_\_ if you are diagnosed with COVID-19 within 14 days after your visit.**

**Visitor Attestation Signature:** \_\_\_\_\_

## Appendix

### Indoor Visitation Testing Guidance

	<b>Minimal Community Spread</b>	<b>Moderate Community Spread</b>	<b>Substantial Community Spread</b>
<b>Compassionate Care Visitors</b>	No testing required	No testing required	No testing required
<b>Medical, Dental, and Behavioral Healthcare</b>	No testing required	No testing required	No testing required
<b>Clergy</b>	No testing required	No testing required	No testing required
<b>Ombudsman</b>	No testing required	No testing required	No testing required
<b>Health Care Workers not employed by the facility (i.e. hospice workers, Emergency Medical Services (EMS) personnel, dentists, home health personnel, dialysis technicians, laboratory technicians, radiology technicians, social workers, clergy, etc.)</b>	No testing required	No testing required	No testing required
<b>Regulatory and Investigative Personnel (i.e. law enforcement, ADHS/CMS licensing surveyors, APS Investigators, and health plan quality assurance investigators)</b>	No testing required	No testing required	No testing required
<b>Designated Essential Visitor</b>	Negative COVID test once a month	Negative COVID test once a week	Negative COVID test twice a week
<b>Any Other Visitor (i.e. hairstylists, educators, entertainers, volunteers, therapy dog handlers, and family members, friends, relatives)</b>	Negative COVID test less than 48 hours old	Negative COVID test less than 48 hours old	Negative COVID test less than 48 hours old